

FILED MAY 17 1944

Registration District No. 42

Primary Registration District No. 1000

State File No.

Registrar's No. 446

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 2 mo 23 da
(Specify whether years, months or days) yes

3. (a) PRINT FULL NAME

Charles Wilson

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M 5. Color or race H 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret A. Wilson 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb 5 1869
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days 9 If less than one day hr. min.

9. Birthplace Christian Co Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business

12. Name Mr H. Wilson
13. Birthplace 1874
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth C. Clark
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital records
(b) Address St Joseph MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-15-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Mo

18. (a) Signature of funeral director Walter M. Matherhoff

(b) Address St. Joseph Mo

19. (a) 4-15-44 (Date received local registrar) (b) Red Herzog (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 14 year 1944 hour 11-30 minute 0 M.

21. I hereby certify that I attended the deceased from 3/1- 1944 to 4-14 1944
that I last saw him alive on 4/1/44 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Arteriosclerosis

Due to ✓

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 93d
Of autopsy ✓

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature Ed Salzer (M. D. or not) ✓
Address St Joseph Mo Date signed 4-14-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

B. H. Blackman

Licensed Embalmer No. *2248*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.